

FACING THE FUTURE

The State
of Human
Services in
Washington

Washington State
Department of Social
and Health Services



Washington State Department of Social and Health Services

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Some of the photographs in this report do not consist of DSHS clients but are used to represent the range of clients we serve.

Facing the Future:
The State of Human Services in Washington State



Washington State Department
of Social and Health Services

Secretary Dennis Braddock

September 2002

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Mission

The mission of DSHS is to improve the quality of life for individuals and families in need.

We will help people achieve safe, self-sufficient, healthy and secure lives.

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Letter from the Secretary

The work of the Department of Social and Health Services is a mystery to most people – even to many of the one out of five Washington residents who use DSHS services. We want to change that. We want the people of our state to know about what we do, and to understand the challenges we face.

We also want people to think about the whole web of human services. All of us are partners in the enterprise of taking care of each other, and we need to learn more about what our partners are trying to do so that we can help them succeed. Each of us needs to see where we fit in the big picture, and how the big picture is changing.

We have some very tough challenges ahead. We can't sustain current services in the face of soaring health care costs and rapid increases in the demand for government-provided human services. We have to make difficult choices. And we have to remember that we are dealing with our society's most vulnerable people – infants and children, people with disabilities, the elderly, and low-wage working people without health insurance or family support systems.

We urgently need an honest civic conversation about what we want from the government's human services agencies, and what we are willing to pay for. And we need an even broader conversation about how citizens, communities, businesses, and service providers can work together to reweave the web that holds us together and makes us a civilized society.

“All of us are partners in the enterprise of taking care of each other...”

We are not alone. All over our country, states are struggling to cope with the same challenges – challenges that go to the very heart of who we are, and what kind of nation we want to be.

We welcome your thoughts on these issues. You can post your ideas on our Web site at <http://www.wa.gov/dshs/FacingtheFuture/Feedback> or write to us. We hope you will also talk to your neighbors, your colleagues, and your elected representatives about how you believe we should meet the challenges we face.



Dennis Braddock
Secretary, Department of Social and Health Services

Executive Summary

Taking care of each other

Nearly all of us routinely provide “human services” to the people we love - the children we raise, the parents and other relatives we care for, and the friends and neighbors we help. Most of us also contribute to private sector human services programs such as food banks, holiday gift programs for needy children, religious charities, or United Way. Yet very few of us understand how families, communities and government programs fit together to form our state’s human services system - our system for taking care of each other.

Today, government’s part of the human services system is entering a time of particularly intense change and challenge. Our state Department of Social and Health Services (DSHS) serves one out of five Washington residents, and in some mostly rural counties, DSHS serves more than one third of the population. But current programs and services cannot be sustained within the constraints of today’s state budgets. Human services provided by local governments are also overwhelmed by growing demand and shrinking revenues. All across Washington, our population is growing, health care costs are rising much faster than the rate of inflation, and a long list of unmet needs - from endangered salmon to job training programs to criminal justice and the courts - compete for dwindling state dollars.

At the same time, changes in our families, our society, our economy, and our health care system challenge us to think in new ways about what we really need from government human services programs:

- We used to believe that the experiences of infants and toddlers were unremembered and unimportant. Now we know that early learning, preventive health care for pregnant women and babies, and early intervention to prevent child abuse and neglect are the most important investments we make.
- We used to have mothers, wives and daughters at home full-time, available to care for family members. Now the majority of families rely to some degree on paid caregivers to look after children, elders and family members with disabilities. Many people who work in low-wage jobs need help with these expenses. And

families of all income levels rely on the state to provide consumer protection and to promote quality improvement for child care, nursing homes, and home care providers.

- We used to die younger. Today, dramatic medical advances help many of us live much longer - and as we age, we use more medical care, take more (and more expensive) prescription drugs, and need more costly long-term care. A growing number of people can’t afford the medical care or long-term care they need. Today, over 40 percent of the births in Washington are paid for by Medicaid, and medical costs now comprise 41 percent of the DSHS budget.
- We used to have welfare policies that promoted long-term dependence and poverty. Today, we have replaced welfare with WorkFirst, a program that helps people find “a job, a better job, a better life.” We have reduced the proportion of our state population receiving cash assistance to its lowest level in 30 years, and invested the savings in child care and other services that support low-wage workers and the employers who rely on them.
- We used to offer people with developmental disabilities and mental illnesses no alternative other than custodial care in large, state-run institutions. Today, the state partners with families, local agencies and governments to serve more people with these disabilities at home and in their communities. But, at the same time, we also continue to maintain large, expensive institutions.
- We used to regard people with disabilities as incapable of managing their own lives or making important contributions to our society. Today, the civil rights movement of people with disabilities has won new recognition of their gifts and abilities. This movement has also led to new protections of their rights, including the right to choose how and where they will live, and to hire and fire their own assistants or caregivers.
- We used to have little or no effective treatment for mental illness or alcohol and drug addiction. Today we have much more effective treatment - treatment that can prevent untold misery and enormous expense.

These trends have changed the challenges confronting Washington’s public human services system - and the challenges facing families, local governments, state policymakers, nonprofit agencies and private employers.

Executive Summary

Public values and the human services system [\(see page 1\)](#)

The Department of Social and Health Services is the institutional expression of broadly held public values. Above all else, we value our children, our families, and our elders. We care deeply about the quality of life in our communities. We insist on high standards of personal responsibility, hard work, and accountability for our actions - and, at the same time, we have an abundance of compassion for people of all ages who need help, hope, and opportunity. Our governor and legislators translate these values into laws, budgets and programs. DSHS and its partners implement public policies made by these elected leaders.

Public policy challenges facing our human services system [\(see page 39\)](#)

Perhaps the biggest challenge to the human services field is the lack of public engagement in shaping a comprehensive human services system. When citizens are actively involved in making human services policy, it is nearly always because they are advocating for a single program or service - not because they are concerned about the integrity of the whole system.

It is as if, instead of lobbying for public schools, teachers and parents lobbied in separate, competitive groups for funding for English classes, math classes, or science classes. If this were the case, instead of designing public schools to provide a well-rounded education, schools would feature whichever academic discipline had the strongest advocacy group and the best lobbyists.

No one would consider this a good way to make education policy. But this *is* the way we make human services policy.

Given the ever-tighter resource constraints in public sector human services, this way of making policy will become more problematic over time.

What's needed is a sustained civic conversation about what the people of Washington believe to be the necessary level of services, who should receive them, and how we can ensure that private and public efforts complement and strengthen each other.

The issues we need to address include:

- Making decisions about who should be eligible for which services;
- Building a system of supports for low-wage workers and the industries that employ them;
- Providing culturally appropriate services to an increasingly diverse population;
- Protecting access to health care at a time when costs are rising much faster than inflation;
- Finding ways to focus resources on preventive services and treatments that reduce both human misery and public expense;
- Integrating people with many different kinds of disabilities into our communities;
- Protecting families' rights to privacy while also protecting children from abuse and neglect;
- Finding ways to protect consumers who use public funds to hire private caregivers or personal assistants;
- Balancing community safety and the constitutional rights of sex offenders;
- Planning for dramatic growth in the number of older people who will need long-term care;
- Integrating services so that they are easy for people to find and use; and
- Re-thinking the division of responsibilities in the human services system between local, state and federal governments.

Programs and services of DSHS

[\(see page 60\)](#)

To fully understand the challenges we face, it is helpful to know about the family of programs and services managed by the Department of Social and Health Services.

DSHS programs serve the people of Washington in an amazing variety of ways. DSHS provides and manages a wide array of services to low-income children, families, elders and people with disabilities. DSHS protects consumers by licensing and monitoring child care and long-term care providers. And DSHS fosters community safety by rehabilitating juvenile offenders and providing mental health treatment to certain sex offenders.

Executive Summary

DSHS directly manages institutions including residential habilitation centers, mental hospitals and correctional facilities for juvenile offenders. But over 70 percent of DSHS's budget goes to contracted providers such as local hospitals, nursing homes, community organizations, nonprofit and for-profit agencies, foster parents and child care centers. Some human services are also provided by county and local governments that receive funding through various DSHS programs.

These are the services provided by DSHS and its partners:

- Children's services include investigation and intervention to prevent abuse and neglect, management of foster care and other out-of-home care for children, early intervention services for children with developmental delays, health insurance and subsidized child care for children in low- and low/middle-income families, child support payment collection, mental health services for children from low-income families, and rehabilitation of juvenile offenders.
- Health services are provided to over 900,000 children, adults and elders mainly through Washington's Medicaid program, a health insurance program financed with a combination of state and federal funding.
- Economic services that help people find and keep jobs and make ends meet include food assistance; WorkFirst, which helps people find jobs and subsidizes child care and health insurance for low-wage workers; cash assistance for disabled unemployed adults or parents caring for children with disabilities and those who cannot work; and child support collection.
- Mental health treatment - both inpatient and outpatient - is provided for acutely and/or chronically mentally ill low-income people, and for mentally abnormal sex offenders who have completed their prison terms but are likely to re-offend.
- Drug and alcohol treatment - also both inpatient and outpatient - is provided for low-income adults and adolescents, and prevention services are provided throughout the state.

- Services for people with disabilities and the elderly include long-term care, provided in people's homes, community facilities, or nursing homes; vocational rehabilitation; adaptive technology such as TTY machines for people who are deaf or hard of hearing; programs that help people with developmental disabilities live independently; and institutional care for people with developmental disabilities.

Facing the future

In the past few years, Washington citizens have chosen to reduce the role of government in a variety of ways. The majority of people want lower taxes, and less government intrusion in their lives. But at the same time, the demand for health and human services is growing because of changes in the structure of our families, our economy, and our health care system.

This is a dilemma that DSHS and its many partners struggle with every day. But it is a dilemma that can only be solved by the people of Washington state and their elected leaders. DSHS does not make public policy. It implements the policies made by the state legislature and the governor, and they, in turn, reflect the will of the people of the state of Washington. That's why it's so important that citizens understand what our human services system is, what it does, and how the values we care about are reflected in the programs we pay for.

To counter the tendency toward drift and fragmentation, we need to focus on the whole rather than the parts. We need comprehensive, long-term solutions – not piecemeal emergency patchwork.

The people of Washington need to decide how we want families, communities, and government programs to work together. What is the right division of labor? What are the limits of what government can and should do? How can we create a reliable system for taking care of each other that accurately reflects our values?

These are public policy choices that go to the heart of who we are, and what kind of society we want to live in. And in a democracy, we all share responsibility for making these choices.